EDUCATION ROUND ROCK

INTEGRITY...COMMITMENT...EXPERIENCE...PROVEN LEADERSHIP

Education Round Rock
1104 S Mays St, Suite 108
Round Round Rock, TX 78664
512-246-0515--512-410-9284

Name _____

Home Address _____

City _____TX Zip _____

SSN# _____-_____-_____

Home Phone (_____) _____

Cell Phone (_____) _____

Campus/Worksite _____

Job Title _____

E-mail (personal) _____

EDUCATION ROUND ROCK
MEMBERSHIP APPLICATION

Teachers, Counselors, Librarians Nurses, and --- Certified Employees

Monthly Dues ❑$45.50

Classified Employees and Substitutes

Monthly Dues ❑$27.50

Part-time Dues (under 30 hrs per wk)

Monthly Dues ❑$18.50

I hereby authorize the Round Rock ISD to deduct dues for Education Round Rock from my salary. These deductions will continue for this school year and future years, including any increases in the amount to be deducted that may occur. I also understand that this authorization will remain valid until I revoke it in writing. Education Round Rock will notify Round Rock ISD of any changes.

_____
Signature

_____
Date

Authorized by: _____

Discontinuation of dues/fees for another Employee Association:

I hereby authorize Round Rock ISD to stop payroll deductions for the following Association(s):

❑ Association of Texas Professional Educators

❑ Texas Classroom Teachers Association

❑ Other _____

_____
Signature Date